

kulula.com Travel Insurance Claim Form

CLAIMS PROCEDURES

A completed claim form that has been signed by the Insured Person, copies of the airline booking confirmation, the kulula.com Travel Insurance Policy Schedule and other items that may be necessary are required on all claims together with the following documents for the different types of losses.

Flight Cancellation

1. Proof of travel (kulula.com airline confirmation invoice / flight booking confirmation)
2. Cancellation invoice or letter confirming no refund is due
3. Depending on the circumstances of the claim one of the following:
 - a. medical certificate which We will supply for the appropriate doctor to complete;
 - b. an official letter confirming the need for You to remain in your Departure City; or
 - c. police report

Checked Baggage & Valuables

1. Loss or theft – police report
2. Loss, theft or damage by an airline – Property Irregularity Report, baggage check tags
3. Proof of travel (kulula.com confirmation invoice / flight booking confirmation)
4. Proof of value and ownership for items exceeding the value of R1000.00
5. Invoices for replacement items purchased

kulula.com Travel Delay

1. Proof of travel (kulula.com confirmation invoice / flight booking confirmation)
2. An official letter from Kulula.com airline confirming the cause and length of the delay

Personal Accident

1. Proof of travel (kulula.com confirmation invoice / flight booking confirmation)
2. A copy of the relevant medical reports
3. Chubb Insurance will request further information based on the circumstances of the accident and information supplied.

NOTES

1. For all claims, please complete **SECTION 1 & 6 IN FULL**
2. All supporting documentation **MUST** be submitted together with this form in order to avoid unnecessary delays.
3. For all claims relating to **LOSS** or **THEFT**, please provide a carrier and/or police report.
4. For all claims relating to **PERSONAL ACCIDENT**, please provide medical evidence.
5. Please supply a copy of your **POLICY RECEIPT**.
6. Please supply a copy of your **BOOKING CONFIRMATION**.

TYPE OF CLAIM

Checked Baggage & Valuables
 Flight Cancellation
 kulula.com Travel Delay
 Personal Accident

SECTION 1 - INSURED PERSON

Policy No.:	
Surname:	
First Name:	
ID. No.:	Age:
Postal Address:	Postal Code:
Email Address:	Cell. No.:
Tel. No. Business:()	Tel. No. Residence:()
Date of Incident:	Place of Incident:

SECTION 2 - BAGGAGE

1. Describe how the Delay/Loss/Theft/Damage occurred:	
2. Carrier/Police to whom Loss/Theft/Damage reported:	
When & Where:	Case reference no.:
If not reported, give reason why not:	
3. Are you the sole owner of the goods Lost/Stolen/Damaged:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. In respect of Baggage that is Lost/Stolen/Damaged. Have you lodged a claim with the airline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state where and at which office:	
Have you claimed or are you expecting compensation from the carrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state the amount compensated: R	
5. Name of Short Term All Risks Insurers:	
Policy Number:	Are you claiming from the above named? Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2.1 - DETAILS OF ITEMS BEING CLAIMED FOR

Description of Missing Articles	Purchased or Acquired From?	Replacement Price	Deduction For Age, Usage, Wear & Tear	Sum Claimed For Present Value

Please provide receipts for the replacement of items exceeding the value of R1000.00

SECTION 3 - FLIGHT CANCELLATION

1. Nature of claim, please give full details:
2. Amount being claimed: Irrecoverable Deposits and Payments:
Additional Expenses (Full details and supporting Documents required):
3. The following relevant documents are required in order to substantiate a claim:
3.1 Medical Certificate stating that the Patient was not fit to travel, giving full details.
3.2 Death Certificate.

SECTION 4 - kulula.com TRAVEL DELAY

1. Nature of delay:
2. Date and time of delay:
3. Duration of delay:
4. In the event of industrial action of Kulula.com Employees (letter from Kulula.com confirming industrial action is required):
Where did the industrial action take place?
Duration of industrial action:
5. Did you receive any form of Compensation or Alternative Travel Arrangements from the Carrier?
Please give details:

SECTION 5 - PERSONAL ACCIDENT

Please give exact date and time of accident	Date:		Time:		am/pm	
Full Name of Injured Person:					(Mr, Mrs, Miss, Ms):	
I.D. no:						
Where did the accident occur?						
How did the accident occur?						
Full details of injuries sustained:						
Have you previously claimed under this or a similar policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If YES, please give details:						
Was this incident reported to kulula.com?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Provide name and details of kulula.com representative?						

SECTION 6 - ELECTRONIC FUNDS TRANSFER, DECLARATION & AUTHORITY

Account Number: (No credit card)	
Account Holder's Name:	
Name of Bank:	
Account Number:	Type of Account:
Branch Name:	Branch Code:
Attach confirmation of banking details (Copy of cancelled cheque or bank statement)	

THE COMPLETION AND/OR SUBMISSION OF THIS CLAIM FORM DOES NOT CONSTITUTE AN ADMISSION OF YOUR CLAIM BY CHUBB INSURANCE SOUTH AFRICA LIMITED (FSP NO. 27176)

DECLARATION AND AUTHORITY

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written authority for the Company to inspect or investigate any Medical Records or details relevant to this claim. I/We further declare that I am/we are aware that any misinterpretation and/or non-disclosure in respect of information provided herein, shall render my/our claim null and void.

SIGNED: _____ DATE: _____